

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR APPOINTMENT TO THE COURT SERVICES UNIT		MENTOR OFFER	
IN UNITED STATES	MAGISTRATE	DISTRICT	<input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)
IN THE CASE		FOR	
USA		V.S. <u>Alfred Ryan</u>	
		AT	
PERSON REPRESENTED (Show your full name)		LOCATION NUMBER	
<u>Alfred Ryan</u>		1 <input checked="" type="checkbox"/> Defendant - Adult 2 Defendant - Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →)		DOCKET NUMBERS	
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		Magistrate District Court <u>OVER 1000</u> Court of Appeals	

EMPLOYMENT	Are you now	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed		
	Name and address of employer:			
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment <u>5/03</u> How much did you earn per month? \$ <u>10,000/month</u>		
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$		
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT			
DEPENDENTS		MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED		
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt
	(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Alfred Ryan